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**WE, THE UNDERSIGNED MEMBERS OF THE GRADUATE FACULTY OF  
WESTERN OREGON UNIVERSITY HAVE EXAMINED THE ENCLOSED**

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Action Research Project Title:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Graduate Student: \_\_\_\_\_

Candidate for the degree of : Master of Arts in Teaching: Initial Licensure

*and hereby certify that in our opinion it is worthy of acceptance as partial fulfillment  
of the requirements of this master's degree.*

**Committee Chair:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Committee Member:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Director of Graduate Studies:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_